1616 8

te if Known

SEE TRANSMITTAL							Application No.				09/239,873		
BCT				Filing Date				·	January 29, 1999				
PO09 RECEIVE  Total Amount of Payment: \$ 180.00							First Named Inventor				Cindie M. Luhman		
							Fjoup Art Unit				1616		
							L Everniner Neme				Levy, N.		
							Atty. Docket Number				LL11.12-0040		
					CEU-	<u> </u>			CCC	CALCULATION	ON (Continued)		
4 17/1	MET	HOD OF	PAYME	NT (Check on	CHILER 1600/29	9. AI	DITIO	NAL F	EES	CALCULATION	DIA (Continued)		
1. [X] The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982.							Entity Fee (\$)		Entity Fee (\$)	Fee Des	escription Fee paid		
Paymo				<u> </u>		105	130	205	65	Surcharg	ge - Late filing fee or oath	_*	
2. [X] Check Enclosed							50	227	25		urcharge - late provisional filing fee*		
· FEE CALCULATION							130	139	130	Non-Eng	+English specification *		
1. BASIC FILING FEE							2.520	147	2,520	For Filing	or Filing a Request for Reexamination		
Large Entity Small Entity Fee Fee Fee						115	110	215	55	Extensio	n for reply within first month	*	
Code	<u>(\$)</u> <u>C</u>	<u>Code</u> (\$)		Description		116	390	216	195	Extensio	n for reply within second month	*	
101		201 355 206 160	_	ility Filing Fee esign Filing Fee		117	890	217	445	Extensio	n for reply within third month	*	
	108 710 208 355 [] Reissue Filing Fee					118	1,390	218	695	Extensio	Extension for reply within fourth month		
114 150 214 75 [] Prov. Filing Fee						128	1,890	280	945	Extensio	Extension for reply within fifth month		
				S	ubtotal (1) \$0	120	310	220	155	Filing a t	orief in support of an appeal	*	
2. EXTRA CLAIM FEES							270	221	135	Request	for oral hearing	*	
	Number	Prior**	Extra	Fee from Below	Fee Paid	148	110	248	55	Termina	Disclaimer Fee	*	
	Claims	27 =	<u>10</u> x	18 = 180		140	110	240	55	Petition	to revive - unavoidable	*	
Total	<u>37</u> -	<u> </u>	<u>10</u> ^	* _ *		141	1,240	241	620	Petition	to revive - unintentional	*	
Indep.		=	<del>-</del> ^	_ = _		142	1,240	242	620	Utility/Re	eissue issue fee (inc. advance		
Multiple Dependent Claims = = **Insert 3 and 20, or number previously paid if greater; Reissue see										copies)		*	
below	and 20, 01	number prev	nously pala i	r greater, reliaded dec	•	143	440	243	220	Design i	ssue fee (inc. advance copies)		
Large I	Fee	Small E Fee	Fee	Description		122	130	122	130	Petitions	to the Commissioner	*	
<u>Code</u> 103	<u>(\$)</u> 18	<u>Code</u> 203	<u>(\$)</u> 9	Claims in excess of	20	123	50	123	50	Petitions	related to provisional applications	*	
102	80	202	40	Independent claims of 3		126	240	126	240	Submiss Stateme	ion of Information Disclosure nt	*	
104	270	204	135	Multiple Dependent	Claim	581	40	581	40		ng each patent assignment per (times number of properties)	*	
109	80	209	40	Reissue Independent Claims Over Original Patent		Other fee (specify)		FF		*			
110	18	210	9	Reissue claims in ex 20 and over original				/			Subtot	tal (3) \$0	
				Subtota	al (2) \$180.00								
	<del></del>		· · · · · · ·								······································		
Signatu	re	Philip F.	10 7. 1. Fox	3			R	eg. N	o	· · · · · · · · · · · · · · · · · · ·	38,142		

Deposit Account No. 11-0982

10-6-00

Date \_\_\_\_\_